

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BM		10 <sup>2</sup> 12 <sup>5</sup> 01
O.I.P.E. CLASSIFIER		49	10/29/01
FORMALITY REVIEW	BS	JC 3-883	11-14-01
RESPONSE FORMALITY REVIEW	H-S	866	03-31-02

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	4-6-03
1	✓
2	✓
3	✓
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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